

CLAIMS ONLY							Application Number <u>1008548</u>		Filing Date			
							Applicant(s)					
* May be used for additional claims or amendments												
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/	/					51					
2		/					52					
3		/					53					
4	/	/					54					
5		/					55					
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7		/					57					
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42		/					92					
43		/					93					
44		/					94					
45		/					95					
46		/					96					
47		/					97					
48		/					98					
49		/					99					
50		/					100					
Total							Total					
Indep							Indep					
Total							Total					
Depend							Depend					
Total							Total					
Claims							Claims					